



RHODE ISLAND MEDICAL ASSISTANCE PROGRAM PHARMACY PRIOR AUTHORIZATION PROGRAM

On November 25, 2002, the Rhode Island Medical Assistance Program automated the Prior Authorization Program for drug claims originated through the Point of Sale (POS). Prior Authorizations are not required for recipients under 21 years of age.

Contact Numbers

Prescriber wishes to Request a PA:	Heritage Information Systems: Phone: 1-866-420-3874
Prescriber wishes to Respond to a PA denial with additional recipient, clinical or diagnostic information:	Heritage Prior Authorization Unit Attention: Prior Authorization Unit PO BOX 25719 Richmond, VA 23286-8212 Mon– Fri 9:00 AM – 6:00 PM (EST) FAX: 1-800-390-0109 (Available 24 Hours)
Prescriber wants to obtain criteria Requirements or more information on the Prior Authorization Program: OR Prescriber wants to request PA Forms:	EDS Customer Service Help Desk phone: (401) 784-8100 Monday – Friday 8:00 AM – 5:00 PM (EST) https://www.dhs.ri.gov/dhs/heacre/provsvcs/mpharpa.htm
Recipients having questions about eligibility	** Please Note: Recipient calls <u>will not</u> be accepted by Call Centers Have recipient contact local case worker or Member Services, DHS: (401) 462-2356

Prior Authorization Flows

PATIENT PRESENTS PRESCRIPTION TO THE PHARMACY AND CLAIM IS SUBMITTED VIA POINT OF SALE:	
APPROVED:	If the POS transaction approves a Prior Authorization (PA), the drug claim will pay and no further action will be required. Fill the script per standard store or facility procedures.
DENIED:	If the POS transaction and associated request for a prior authorization is denied, a message will be returned to the POS with a denial message.
ACTION:	Advise the patient that the claim was denied and needs a prior authorization. The patient should contact their prescriber, since additional information may be required for evaluation of the prior authorization before any approval can be issued.
INITIAL SUBMISSION IS DENIED. ADDITIONAL INFORMATION IS REQUIRED FOR REPROCESSING. PATIENT CONTACTS THE PRESCRIBER OR MEDICAL OFFICE STAFF TO OBTAIN PRIOR AUTHORIZATION:	
1.	The prescriber or medical office staff should obtain and complete a copy of the appropriate PA form. The forms can be obtained from the internet at https://www.dhs.ri.gov/dhs/heacre/provsvcs/mpharpa.htm or from the EDS Customer Service Help Desk at (401) 784-8100.
2.	Once the PA form is completed, contact the <u>Heritage Information Systems Prior Authorization Unit</u> and supply any additional clinical or diagnostic information:
ADDITIONAL INFORMATION IS SUBMITTED BY THE PRESCRIBER AND/OR MEDICAL OFFICE STAFF. THE PRIOR AUTHORIZATION STATUS IS RESOLVED FOLLOWING REVIEW OF CLINICAL OR DIAGNOSTIC INFORMATION:	
APPROVED:	If Prior Authorization Unit approves the PA, advise the patient to return to their pharmacy to obtain the prescription. The drug claim will pay and no further action will be required. Fill the script per standard store or facility procedures.
DENIED:	If Prior Authorization Unit denies the PA, advise the patient that the request has been denied. The prescriber has the option of prescribing a different treatment course that does not require PA. Within 7 to 10 business days, the patient will receive information in the mail outlining the RI Medicaid appeal process.